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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	11648888
Filing Date	2003-08-26
First Named Inventor	VAIS
Art Unit	3641
Examiner Name	CLEMENT
Attorney Docket Number	VAIG103

To: Commissioner for Patents**P.O. Box 1450****Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

CORRESPONDENCE ADDRESS1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:☐ The address associated with Customer Number: **OR**

<input type="checkbox"/> Firm or	GEORGE VAIS				
Address	182 S. COLE ROAD				
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Signature	/FRANK J. DYKAS/				
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Date	MARCH 17, 2008		Telephone No.	2083451122	

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